

ORIGINAL

KB
2/28/05

Indiana Housing Finance Authority

2005 Rental Housing Finance Application

- ☒ Application for "**Conditional**" Reservation of Rental Housing Financing
- ☐ Application for "**Final**" Allocation of Rental Housing Financing

Date: 2/25/2005

Development Name: Autumn Ridge

Development City: Harrison Township (outskirts of Corydon)

Development County: Harrison

Application Fee: \$1,000

Building Identification Number (BIN): _____

Application Number (IHFA use only) _____

Applicable Percentage (IHFA use only) _____

IN-05-00300

INDIANA HOUSING FINANCE AUTHORITY

Rental Housing Finance Application

- ☒ Application for "Conditional" Reservation of Rental Housing Financing
- ☐ Application for "Final" Allocation of Rental Housing Financing

This Application for Rental Housing Financing (this "Application") is provided by the Indiana Housing Finance Authority (sometimes referred to herein as "IHFA" or the "Authority"), pursuant to Section 42 of the Internal Revenue Code and rules and regulations promulgated thereunder, as amended (the "Code"), and the current Qualified Allocation Plan, as adopted by the Authority and duly approved by the Governor of the State of Indiana (the "Allocation Plan"). BEFORE COMPLETING THIS APPLICATION, YOU SHOULD REVIEW THE ALLOCATION PLAN TO DETERMINE WHETHER YOUR PROPOSED DEVELOPMENT MEETS THE THRESHOLD CRITERIA REQUIRED BY THE AUTHORITY, AS SET FORTH IN THE ALLOCATION PLAN. Applications which fail to meet the minimum criteria will not be eligible for funding.

APPLICATION PACKAGE SUBMISSION GUIDELINES

- 1 No Application will be considered without the Applicant's submission of a brief narrative summary (limit 3 pages) describing the need for the Development within the community and the Development itself. This narrative should give an accurate depiction of how this development will benefit the particular community. Generally, the summary should include the following points:

- Development and unit description
- Amenities in and around the Development
- Area's needs that the Development will help most
- Community support and/or opposition for the Development
- The constituency served by the Development
- Development quality
- Development location
- Effective use of resources
- Unique features
- Services to be offered

- 2 Your assistance in organizing your submissions in the following order will facilitate the review of your Application for a "Conditional" Reservation of Rental Housing Financing. Documentation included with the Application must be submitted in the order set forth on the Development Submission Checklist. Documentation for each applicable tabbed section of the application for which it applies should be placed in a legal size 1/3 tab cut manila file folder. Each file folder should be labeled with typewritten 1/3 cut file folder labels accordingly. A template to use to print labels for manila file folders is located in Schedule H. File folders should then be inserted in a 14 3/4"x 9 1/2" red file pocket with 5 1/4" expansion. See Schedule H.
- 3 The Application form must be signed by the Applicant, duly notarized and submitted in triplicate originals [Form A (the application) only - **DO NOT SUBMIT TRIPLICATE ORIGINALS OF ANY OTHER PAGES**], together with the required application fee. Inclusion of the items on the Development Submission Checklist in support of the Application is strongly encouraged and will likely impact the number of points for which you are eligible under IHFA's evaluation system of ranking applications, and may assist IHFA in its determination of the appropriate amount of credits that it may reserve for the development.
- 4 Applicants applying for IHFA HOME Funds and/or Trust Fund loan must submit each of the following in addition to the requirements noted above:
 - One (1) copy of the Rental Housing Finance Application (Application only)
 - One (1) **original** of the Trust Fund and/or HOME Funds Supplement application
 - Five (5) copies of the Trust Fund and/or HOME Funds Supplement application

Threshold Items	Document Submitted Yes/No	Document Location (Tab)	Notes
1. Development Feasibility Document Submitted:		Tab A	
~ Application	yes		
~ Third party documentation of sources, costs & uses of funds	yes		
~ 15 Yr. pro-forma (Housing, Commercial, combined)	yes		
~ Other (List Below):			
2. Highest locally elected official notified of the development Documents Submitted:		Tab C	Form R and Profile Summary
~ Form R	yes		
~ Copy of letter/information submitted	yes		
~ Returned Receipt from the certified mail	yes		
~ Written response from the local official	yes, Form R		
~ Other (List Below):			
3. Not-for-profit competing in any set-aside Document Submitted:		Tab B	
~ Signed Board Resolution by the Not-for-profit's Board of Directors	yes		
4. Market Study prepared by a disinterested third party showing sufficient demand Document Submitted by market analyst to IHFA	yes	Tab M	
5. Applicant, Owner and/or Developer has not received \$750,000 or more in annual RHTCs and/or has successfully completed at least 1 Multi-family development in Indiana (issuance of IRS Form 8609) Document(s) Submitted:		Tab L	
~ List of all tax credit Developments and participation in the Development (Applicant, Owner & Developer)	yes, none		
6. Costs expended to date are less than 50% of total development costs. Document Submitted:		Tab A	
~ Application	yes		
7. Applicant, Developer, management agent, other development team members demonstrate financial, Developmental, and managerial capabilities to complete and maintain property through compliance period. Document(s) Submitted:		Tab D	
~ Financial Statements of GP or principals	yes		
~ Tax Returns of GP or principals	yes		
~ Resume of Developer	yes		
~ Resume of Management Agent	yes		
~ Other (List Below):			
8. Completed Application with Application Fee Document(s) Submitted:		Tab A	
~ Application (Form A)	yes		
~ Narrative Summary	yes		
~ Check for appropriate Application Fee	yes		

9. Evidence of Site Control			
Document(s) Submitted:			Tab E
~ Purchase Agreement	No		
~ Title commitment	yes		
~ Warranty Deed	yes		
~ Long Term Lease	No		
~ Option	yes		
~ Attorney's opinion	No		
~ Adopted Resolution of the applicable commission	No		
~ Letter from the applicable governmental agency	No		
~ Other (List Below):			
10. Development Site Information			
Documents Submitted:			Tab F
~ Schematics	yes		
~ Perimeter Survey	yes		
~ Site plan (showing flood plain and/or wetlands)	yes		
~ Floor plans	yes		
11. Lender Letter of Interest			
<ul style="list-style-type: none"> - lender has reviewed the same application submitted or to be submitted by the Applicant to the Authority to which such letter of interest related; - lender expressly acknowledges that the development will be subject specifically to the "40-60" or "20-50" set-asides, and extended use restriction elections made by the Applicant - such lender has reviewed the Minimum Underwriting Criteria set forth in this Allocation Plan; and - any other special use restriction elections made by the Applicant, which give rise to additional points in this Allocation Plan. - the terms of the loan including loan amount, interest rate, and term of the loan 			
Document Submitted:			Tab G
~ Lender Letter of Interest	yes		
12. Financing Not Yet Applied For			
Document Submitted:			Tab G
~ Certification of eligibility from Applicant			
13. Equity Letter of Interest			
<ul style="list-style-type: none"> - Such investor has reviewed the same application and market study submitted or to be submitted by the Applicant to the Authority in support of the Rental Housing Financing for the Development to which such letter of interest relates - Such investor expressly acknowledges that the development will be subject specifically to the "40-60" or "20-50" set-asides, and extended use restriction elections made by the Applicant - such investor has reviewed the Minimum Underwriting Criteria set forth in this Allocation Plan; and - any other special use restriction elections made by the Applicant, which give rise to additional points in this Allocation Plan. 			
Document Submitted:			Tab H
~ Equity Letter of Interest	yes		
14. Funding/Financing already awarded			
Document Submitted:			Tab G
~ Copy of Award Letter	yes		

15. Public and Private facilities are or will be accessible prior to completion			
Document Submitted:		Tab I	
~ Map showing public and private facilities in relation to the development	yes		
16. Color photographs of the existing site and structures			
Document Submitted:		Tab I	
~ Photographs of the site	yes		
17. Zoning			
Document Submitted:		Tab J	
~ Letter from zoning authority stating site is properly zoned (without need for additional variance)	yes		
~ Copy of all approved variances	No		
~ PUD documentation (if applicable)	No		
18. Utility Availability to Site			
Document(s) Submitted from appropriate entity:		Tab K	
~ Water	yes		
~ Sewer	yes		
~ Gas	No		
~ Electric	yes		
~ Current Utility Bills	No		
19. Compliance Monitoring and Evidence of Compliance with other Program Requirements			
Documents Submitted:		Tab L	
~ All development team members with an ownership interest or material participation in any affordable housing Development must disclose any non-compliance issues and/or loan defaults with all Authority programs.	yes		
~ Affidavit from any principal of the GP and each development team member disclosing his/her interest in and affiliation with the proposed Development	yes		
20. Characteristics of the Site are suitable for the construction, rehabilitation and operation of the proposed Development			The site contains no wetlands and is not located within the boundaries of the 100-year flood plain.
- No Development will be considered if any buildings are or will be located in a 100-year flood plain at the place in service date or on a site which has unresolvable wetland problems or contains hazardous substances or the like that cannot be mitigated.			
Documents Submitted:		Tab F	
~ Completed Environmental Phase I (addresses both flood plain and wetlands.)	Yes		
~ FEMA conditional letter of reclassification	No		
~ Mitigation plan including financing plan	No		
~ Documentation from Civil Engineer	No		
~ Resume for Civil Engineer	No		
~ FEMA map	Yes		
21. Affirmative Fair Housing Marketing Plan			
Document Submitted:		Tab N	
~ Form K	Yes		
22. Federal Fair Housing Act and Indiana Handicapped Accessibility Code			
Document Submitted:		Tab N	
~ Fair Housing Act Accessibility Checklist - Form E	Yes		

23. Pre-1978 Developments (i.e. buildings) Proof of Compliance with the Lead Based Paint Pre-Renovation Rule Document Submitted: ~ Form J	No	Tab N	Not Applicable
24. Developments Proposing Commercial Areas Document(s) Submitted: ~ Detailed, square footage layout of the building and/or property identifying residential and commercial areas ~ Time-line for complete construction showing that all commercial areas will be complete prior to the residential areas being occupied	No	Tab F	
25. RHTCs being used to Acquire the Development Document Submitted: ~ Fair market appraisal (within 6 months)	No	Tab O	Not Applicable
26. Rehabilitation Costs must be in Excess of \$7,000 per unit (Must be in excess of \$10,000 per unit if competing in the Preservation Set-aside) Document Submitted: ~ Capital Needs Assessment - Schedule H ~ Form C	No No	Tab O	
27. Form 8821 <i>Provide only if Requested by IHFA</i>	No	Tab Z	
28. Minimum Underwriting Guidelines ~ Total Operating Expenses - supported in Market Study ~ Management Fee - 5-7% of "effective gross income" 1-50 units 7%, 51-100 units 6%, and 100+ units 5% ~ Vacancy Rate 6-8% ~ Rental Income Growth 1-3% /yr ~ Operating Reserves - four (4) to six (6) months (Operating Expenses plus debt service) ~ Replacement Reserves per unit New Construction: \$250 - \$300 Rehabs: \$300 - \$350 ~ Operating Expense Growth 2-4% /yr ~ Stabilized debt coverage ratio 1.15 - 1.35 (Maintain at least a 1.1 throughout Compliance Period) ~ Minimum cash for Developments with no debt \$250 per unit Document(s) Submitted: ~ Data Supporting the operating expenses and replacement reserves ~ Documentation of estimated property taxes & insurance ~ Detailed explanation why development is underwriting outside these guidelines ~ Third party documentation supporting explanation ~ Other	Yes Yes Yes Yes Yes Yes Yes N/A yes yes No, N/A yes yes	Tab A	
29. Grants/Federal Subsidies Document Submitted: ~ Explanation of how the funds will be treated in Eligible Basis, the reasonableness of the loan to be repaid, and the terms of the loan.	yes	Tab G	

30. Credits requested does not exceed the maximum credit per unit: 1-35 units = \$8,180 (QCT \$10,635) 36-60 units = \$7,670 (QCT \$9,970) 61-80 units = \$7,160 (QCT \$9,305) Over 80 units = \$6,645 (QCT \$8,640) Credits requested above the maximum MUST PROVIDE: ~ Clear and convincing evidence for the need of additional credits ~ Applicant has exhausted all sources of financing ~ Provide third-party documentation Document Submitted: ~ Letters from Lenders ~ Other (List Below):	No, N/A	Tab A	
31. Request does not exceed \$750,000 and owner, developer or applicant has not received more than \$1,500,000 per year (This excludes tax exempt bonds) Document Required: ~ Application	Yes	Tab A	
32. Developer Fee, including consulting fee, is within guidelines Document(s) Submitted: ~ Deferred Development Agreement/Statement ~ Not-for-profit resolution from Board of Directors allowing a deferred payment	No, N/A No, N/A	Tab G	
33. Contractor Fee is within guidelines	Yes		
34. Development satisfies all requirements of Section 42 Document(s) Submitted: ~ Completed and Signed Application with certification	Yes	Tab A	
35. Private Activity Tax-Exempt Bond Financing Documents Required: ~ Inducement Resolution ~ Attorney's Opinion	N/A N/A		Not Applicable
36. Not-for-profit set-aside Documents Required: ~ Articles of Incorporation ~ IRS documentation 501(c)(3) ~ NFP Questionnaire	yes yes yes	Tab B	
36. Additional Documents Submitted List documents:		Tab Z	
<div style="background-color: #cccccc; padding: 5px;"> Evaluation Factors </div>			
1. Rents Charged A. Lower Rents Charged % at 30% Area Median Income Rents 1. 5-10% (2 points) 2. 11%+ (5 points)	5		Excess % used for 40% and 50%
% at 40% Area Median Income Rents 1. 15-20% (2 points) 2. 21%+ (5 points)	5		Excess % used for 50%

% at 50% Area Median Income Rents			
1. 20 - 30% (2 points)			
2. 31 - 50% (5 points)			
3. 51% + (10 points)	10		
B. Market Rate Rents			
1. 5 - 10% (2 points)			
2. 11% + (5 points)			
Subtotal (25 possible points)		20	
2. Contituency Served			
1. Homeless Transitional (0-5 points)			
Document Required:			
~ written referral agreement signed and agreed to by all parties - Place in Tab R			
~ Resume of organization providing services - Tab R			
2. Persons with Disabilities (0-5 points)	5		
Document Required:			
~ written referral agreement signed and agreed to by all parties - Place in Tab R			
~ Resume of organization providing services - Tab R			
Subtotal (10 possible points)		5	
3. Development Characteristics			
A. Unit Types			
1. 30% units 2 bedrooms, or (2 points)			
2. 45% units 2 bedrooms (4 points)	4		
3. 15% units 3 bedrooms, or (2 points)			
4. 25% units 3 bedrooms (4 points)	4		
5. 5% units 4 bedrooms, or (2 points)			
6. 10% units 4 bedrooms (4 points)			
7. Single Family/Duplex (3 points)			
B. Development Design			
1. 10 amenities in Column 1 (1 point)	1		
2. 5 amenities in Column 2 (1 point)	2		
3. 3 amenities in Column 3 (1 point)			
Document Required:			
~ Form B - Place in Tab F			
C. Universal Design Features			
1. Ten (10) Universal Design Features (1 point)	1		
Document Required:			
~ Form S - Place in Tab F			
D. Unit Size			
1. Efficiency/0 BR > 375 sq ft/Rehab 350 sq ft (1 point)			
2. 1 BR > 675 sq ft/Rehab 550 sq ft (1 point)			
3. 2 BR > 875 sq ft/Rehab 680 sq ft (1 point)	3		
4. 3 BR > 1075 sq ft/Rehab 900 sq ft (1 point)	2		
5. 4 BR + > 1275 sq ft/Rehab 1075 sq ft (1 point)			
Document Required:			
~ Form H - Place in Tab F			

E. Existing Structure			
1. % of total development that was converted from a vacant structure			
25% (1 point)			
50% (2 points)			
75% (3 points)			
100% (4 points)			
Required Document: ~ Form I - Place in Tab O			
F. Development is Historic in Nature			
1. Listed on the National Register of Historic Places (1 point)			
Required Document: ~ Letter from the National Park Service or verification of listing from their website - Place in Tab U			
2. Utilizes Historic Tax Credits (2 points)			
Required Document: ~ Copy of historic application and approved Part I Place in Tab U			
G. Preservation of Existing Affordable Housing			
1. RHTC that have/will Expire (3 points)			
Required Document: ~ Statement from Applicant - Place in Tab U			
2. HUD or USDA Funded (1-3 points)			
Required Document: ~ Letter from HUD or USDA stating priority designation Place in Tab U			
3. Revitalization Plan for a HOPE VI grant (3 points)			
Required Document: ~ Copy of Revitalization Plan and award letter for the HOPE VI funds - Place in Tab U			
4. Preservation of any affordable housing Development (2 points)			
Required Document: ~ Third Party documentation - Place in Tab U			
E. Energy Efficiency Requirements			
1. HVAC and Windows (1 point)	1		
2. Three (3) Appliances (1 point)	1		
Required Document: ~ Form G & Supporting Documentation - Place in Tab F			
Subtotal (35 possible points)	19		
4. Financing			
A. Government Participation			
1. Up to 1% of total development costs (1 point)			
2. Over 1% - 3% of total development costs (2 points)	2		
3. Greater than 3% of the total development costs (3 points)			
Required Document: ~ Letter from the appropriate authorized official approving funding and stating the amount of monetary funding Place in Tab C			
B. RHTCs as Part of the Overall Financing Structure			
1. 70% - 80% of total development costs (1 point)			
2. 60% - 69.99% of total development costs (2 points)	2		
3. < or equal to 59.99% of total development costs (3 points)			
Subtotal (6 possible points)	4		

5. Market		
A. Difficult to Develop Area - QCTs (3 points)		
Required Document: ~ Census Tract Map - Place in Tab I		
B. Local Housing Needs		
1. 1/2% -1 1/2% and does not exceed 1350 units (1.5 points)		
2. < 1/2% and does not exceed 800 units (3 points)	3	
Required Document: ~ Form F With a list of all tax credit and bond developments. Place in Tab C		
C. Subsidized Housing Waiting List (2 points)	2	
Required Document: ~ Agreement signed by both the owner and the appropriate official for the local or regional public housing representative. Place in Tab R		
D. Community Revitalization Preservation (3 points)		
Required Document: ~ Letter from highest local elected official - Tab U ~ Certification from Architect - Tab U ~ Hope VI approval letter from HUD - Tab U		
E. Lease Purchase (1 point)		
Required Documents: ~ Detailed outline of lease purchase program ~ Lease-Purchase agreement signed by all parties. Place in Tab S		
Subtotal (12 possible points)	5	
6. Other		
A. Community Development (1-2 points)	2	
Required Document: ~ Form R fully completed and signed by highest local official (or authorized designee) Place in Tab W		
B. Minority/Women Participation (2 points)	0.5	
Required Document: ~ Certification from Indiana Department of Administration Place in Tab T ~ All applicable Development, management & contractor agreements (w/fee structure) - Tab T		
C. Unique Features or Circumstances (3 points)	3	
Required Document: ~ Detailed description of all unique aspects to the development. Place in Tab P		
C. Services		
1. Commitments for Moderate Services (1 point)		
2. Commitments for Exceptional Services (2 points)	2	
Required Document: ~ Written agreements signed by all parties. Place in Tab Q		
D. Technical Correction Period (3 points)	3	
~ Development must pass Threshold without any technical errors or incomplete information		
Subtotal (12 possible points)	10.5	
Para Development Score		

Select Financing Type (Check all that apply) See BAP	Select Add-on (MUST select all that apply) See BAP (Applicable for Rental Housing Tax Credits ONLY)
<input checked="" type="checkbox"/> Rental Housing Tax Credits (RHTC) <input type="checkbox"/> Multi-Family Tax Exempt Bonds <input type="checkbox"/> Low Income Housing Trust Fund (MUST complete Trust Fund Supplement. See Form R) <input checked="" type="checkbox"/> IHFA HOME Investment Partnerships (MUST complete HOME Supplement. See Form S)	<input checked="" type="checkbox"/> Not-for-Profit <input type="checkbox"/> Elderly <input type="checkbox"/> Small City <input type="checkbox"/> Preservation <input type="checkbox"/> Large City <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Lowest Income <input type="checkbox"/> Persons with Disabilities

A. Development Name and Location

- Development Name Autumn Ridge
 Street Address Unassigned - State Road 135
 City Corydon County Harrison State IN Zip 47112
- Is the Development located within existing city limits? ☐ Yes ☒ No
 If no, is the site in the process or under consideration for annexation by a city? ☐ Yes ☒ No
 date: _____
- Is development located in a Qualified Census Tract or a difficult development area? ☐ Yes ☒ No
 a. If Yes, Census Tract # _____ If No, Census Tract # 603
 b. Is development eligible for adjustment to eligible basis? ☐ Yes ☒ No
- Congressional District 9 State Senate District 47 State House District 70

B. Funding Request (for Initial Application Only)**

- Total annual credit amount requested with this Application (Final Allocation request can not exceed amount previously approved by IHFA Board for the development) \$ 196,154
- Total annual credit amount requested from Persons with Disabilities set-aside \$ 24,519
- Percentage of units set-aside for Persons with Disabilities 13%
- Total amount of Multi-Family Tax Exempt Bonds requested with this Application \$ -
- Total amount of IHFA HOME funds requested with this Application \$ 480,000
- Total amount of Trust Fund loan requested with this Application \$ -
- Have any prior applications for IHFA funding been submitted for this Development? ☐ Yes ☒ No
 If yes, please list the name of the Development(s), date of prior application, type of funding request (with amount) and indicate what information has changed from the prior application. **Place information in Tab Y of the application package.**

footnotes: B. Funding Request, Line #3: 3 of 24 units will be set-aside for persons with disabilities = 12.5%.

8. Total annual tax credit amount requested with all applications (including this Application) submitted to the Authority in 2005 (current year) \$ 196,154 **
9. Total annual tax credit amount awarded with all applications submitted to the Authority in 2005 (current year) \$ - **
10. Total Multi-Family Tax Exempt Bonds requested with all applications (including this Application) submitted to the Authority in 2005 (current year) _____ **
11. Total Multi-Family Tax Exempt Bonds awarded with all applications submitted to the Authority in 2005 (current year) _____ **

C. Types of Allocation/Allocation Year

1. Regular Allocation

☐ All or ☐ some of the buildings in the development are expected to be placed in service _____ (date). For these buildings, the Owner will request an allocation of _____ (current year) credits this year for:

- ☐ New construction, or
☐ Rehabilitation, or
☐ Acquisition and rehabilitation.

2. Carryforward Allocation

All or some of the buildings in the development are expected to be placed in service within two years after the end of this calendar year 2005 (current year), but the Owner will have more than 10% basis in the development before the end of this year, but in any event no later than 6 months from the date of the allocation if the allocation is received within the last 6 months of the calendar year. For these buildings, the Owner will request a carryforward allocation of 2005 (current year) credits pursuant to Section 42(h)(1)(E) for:

- ☒ New construction, or
☐ Rehabilitation, or
☐ Acquisition and rehabilitation (even if you acquired a building this year and "placed it in service" for the purpose of the acquisition credit, you cannot receive Form 8609 for acquisition credits on the building until the year for which the Form 8609 is issued for that building once the rehabilitation work is "placed in service" in _____ (Year)). See Carry Over Agreement.

3. Federal Subsidies

Federal Subsidies may include: Tax Exempt Bonds, Project Based Section 8, HOME, CDBG, Ect.

- ☒ The development will not receive federal subsidies
☐ The development will receive federal subsidies for all buildings or some buildings

List type of federal subsidies:

footnotes: B#8:Applicant requesting \$196,154 total in RHTC 2005, Consultant requesting \$595,151 in total RHTC.

D. Applicant/Ownership Information

1. Applicant Information

Is Applicant the Owner?

☐ Yes ☒ No

Is Applicant an IHFA State Certified CHDO?

☒ Yes ☐ No

Participating Jurisdiction (non-state) Certified CHDO?

☐ Yes ☒ No

Qualified not-for-profit?

☒ Yes ☐ No

A public housing agency (PHA)?

☐ Yes ☒ No

a. Name of Organization Blue River Services, Inc.

Contact Person Daniel J. Lowe, President

Street Address P.O. Box 547

City Corydon State IN Zip 47112

Phone 812-738-8046 Fax 812-738-3460

E-mail Address daniellowe@brsinc.org

Applicant's Resume and Financials must be attached

b. If the Applicant is not the Owner, explain the relationship between the Applicant and the Owner. Applicant will form owner following RHTC award. Applicant will create subsidiary to serve as sole general partner in the limited partnership to be formed to be the owner of Autumn Ridge.

c. Has Applicant or any of its general partners, members, shareholders or principals ever been convicted of a felony under the federal or state law of the United States? ☐ Yes ☒ No

d. Has Applicant or any of its general partners, members, shareholders or principals ever been a party (as a debtor) in a bankruptcy proceeding under the applicable bankruptcy law of the United States? ☐ Yes ☒ No

e. Has Applicant or any of its general partners, members, shareholders or principals:

1. Defaulted on any low-income housing Development(s)? ☐ Yes ☒ No

2. Defaulted on any other types of housing Development(s)? ☐ Yes ☒ No

3. Surrendered or conveyed any housing Development(s) to HUD or the mortgagor? ☐ Yes ☒ No

f. If you answered yes to any of the questions in e.1, 2, or 3 above, then please provide additional information regarding these circumstances. You may use additional sheets.

footnotes:

1. Owner Information

☐ Legally formed
☒ To be formed

a. Name of Owner Autumn Ridge Apartments, L.P.

Contact Person Daniel J. Lowe

Street Address P.O. Box 547

City Corydon State IN Zip 47112

Phone 812-738-8016 Fax 812-738-3460

E-mail Address daniellowe@brsinc.org

Federal I.D. No. to be applied for

Type of entity: ☒ Limited Partnership

☐ Individual(s)

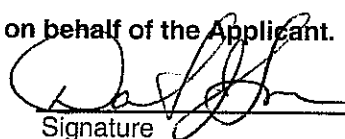
☐ Corporation

☐ Limited Liability Company

☐ Other _____

☐ Owner's Organizational Documents (e.g. partnership agreement) attached
☐ Owner's Resume and ☐ Financials attached.

Provide Name and Signature for each Authorized Signatory on behalf of the Applicant.

1. <u>Daniel J. Lowe, President</u> Printed Name & Title	 Signature
2. _____ Printed Name & Title	_____ Signature
3. _____ Printed Name & Title	_____ Signature
4. _____ Printed Name & Title	_____ Signature
5. _____ Printed Name & Title	_____ Signature

footnotes: _____

- b. List all that have an ownership interest in Owner and the Development. Must **include** names of **all** general partners (**including the principals of each general partner if applicable**), managing member, controlling shareholders, ect.

	Name	Role	Phone	Ownership
General Partner (G)	Subsidiary of Blue River Svcs, Inc.	GP	812-738-8016	1.00%
Principal	Blue River Services, Inc.			100.00%
Principal				
Principal				
General Partner (G)				
Principal				
Principal				
Principal				
Limited Partner	to be named by Great Lakes Cap.	LP	317-423-8880	99.99%
Principal				
Principal				
Principal				

- c. Has Owner or any of its general partners, members, shareholders or principals ever been convicted of a felony under the federal or state laws of the United States? ☐ Yes ☒ No
- d. Has Owner or any of its general partners, members, shareholders or principals ever been a party (as a debtor) in a bankruptcy proceeding under the applicable bankruptcy laws of the United States? ☐ Yes ☒ No
- e. Has Owner or any of its general partners, members, shareholders or principals:
1. Defaulted on any low-income housing Development(s)? ☐ Yes ☒ No
 2. Defaulted on any other types of housing Development(s)? ☐ Yes ☒ No
 3. Surrendered or conveyed any housing Development(s) to HUD or the mortgagor? ☐ Yes ☒ No
- f. If you answered yes to any of the questions in e.1, 2, or 3 above, then please provide additional information regarding these circumstances in Tab L.

footnotes: _____

E. Prior Property Owner Information

1. List the following information for the person who owned the property immediately prior to Applicant or Owner's acquisition.

Name of Organization Michael Sphire

Contact Person Michael Sphire

Street Address 6950 State Road 335

City New Salisbury State IN Zip 47161

Type of Entity: ☐ Limited Partnership ☒ Individual(s)

☐ Corporation ☐ Other _____

2. What was the prior use of the property? Vacant Land

3. Is the prior owner related in any manner to the Applicant and/or Owner or part of the development team?
☐ Yes ☒ No

If yes, list type of relationship and percentage of interest, if applicable.

F. Applicant/Owner Experience

Provide a list of all developments (in all states) for which the Applicant, Owner, members, shareholders, principals, and each development team member herein have received an allocation of RHTC, Multi-family Tax Exempt Bonds, HOME Funds, 501 (c)3 Bonds, Trust Fund, and/or CDBG. Please identify whether each development was a rehabilitation of an existing development or new construction, the award amount, the funding source, and the award number (e.g. Building Identification Number (BIN), grant number, ect.) **Please Provide in Tab L.**

G. Development Team Information

1. Attorney Gareth Kuhl

Firm Name Ice Miller

Phone 317-236-5885 Fax 317-592-4686

E-mail Address Gareth.Kuhl@icemiller.com

2. Bond Counsel (If applicable) Not Applicable

Firm Name _____

Phone _____ Fax _____

E-mail Address _____

footnotes: _____

3. Developer (contact person) Daniel J. Lowe

Firm Name Blue River Services, Inc.

Phone 812-738-8016 Fax 812-738-3460

E-mail address daniellowe@brsinc.org

4. Accountant (contact person) Sean O'Connor

Firm Name Dauby O'Connor & Zaleski

Phone 317-848-5700 Fax 31-815-6140

E-mail address soconnor@doz.com

5. Consultant (contact person) Carla Naum

Firm Name Milestone Ventures, Inc.

Phone 317-826-3488 Fax 317-826-8233

E-mail address carla@milestoneventuresinc.com

6. Management Entity (contact person) Paula Craig, Housing Director

Firm Name Blue River Services, Inc.

Street Address P.O. Box 547

City Corydon State IN Zip Code 47112

Phone (812) 738-8016 Fax (812) 738-3460

E-mail address brhoudir@brsinc.org

7. General Contractor (contact person) To be Determined

Firm Name _____

Phone _____ Fax _____

E-mail address _____

8. Architect (contact person) Angela Kleer

Firm Name Michell Timperman Ritz

Phone 812-945-1164 Fax 812-945-0207

E-mail address mtrarch@aol.com

If the Development will be utilizing Multi-family Tax Exempt Bonds, you must provide a list of the entire development team in addition to above.

footnotes: _____

If any member of the development team has any financial or other interest, directly or indirectly, with another member of the development team, and/or any contractor, subcontractor, or person providing services to the Development for a fee, then a list and description of such interest(s) should be provided in TAB L. (Check appropriate box)

☐ No identities of interest

☒ Yes, identities of interest

H. Not-for-profit Involvement

Articles of Incorporation and IRS documentation of status must be submitted with this Application if the Owner is already formed. To qualify for the not-for-profit set-aside, 100% of the general partner ownership interest of Owner must be owned by a "qualified not-for-profit organization" (as defined in the Allocation Plan). This does not preclude qualified not-for-profits that joint venture in any other set-aside.

2. Identity of Not-for-profit

The not-for-profit organization involved in this development is:

☐ the Owner

☒ the Applicant (if different from Owner)

☐ Other

Name of Not-for-profit Blue River Services, Inc.

Contact Person Daniel J. Lowe

Address P.O. Box 547

City Corydon State IN Zip 47112

Phone 812-738-2408 Fax 812-738-6121

E-mail address daniellowe@brsinc.org

I. Site Control

1. Type of Site Control by Applicant

Applicant controls site by (select one of the following):*

☐ Warranty Deed

☒ Option (expiration date: 9/30/2005)**

☐ Purchase Contract (expiration date: _____)**

☐ Long Term Lease (expiration date: _____)**

* If more than one site for the development and more than one form of site control, please so indicate and submit a separate sheet specifying each site, number of existing buildings on the site, if any, and type of control of each site.

** Together with copy of title commitment or other information satisfactory to the Authority evidencing the identity of the current Owner of the site.

Please provide site control documentation in Tab E.

footnotes: _____

2. Timing of Acquisition by Owner

Select One:

- ☐ Applicant is Owner and already controls site by either deed or long-term lease or
- ☒ Owner is to acquire the property by warranty deed (or lease for period no shorter than period property will be subject to occupancy restrictions) no later than 9/30/2005 *

* If more than one site for the development and more than one expected date of acquisition by Owner, please so indicate and attach a separate sheet specifying each site, number of existing buildings on the site, if any, and expected date of acquisition by Owner of each site.

3. Site Information

- a. Exact area of site in acres 3.43
- b. Is site properly zoned for your development without the need for an additional variance? ☒ Yes ☐ No
Zoning type B-2
- c. Are all utilities presently available to the site? ☒ Yes ☐ No
- d. Who has the responsibility of bringing utilities to the site? See Footnote.
When? _____ (month/year)
- e. Has locality approved the site plan? ☐ Yes ☒ No
- f. Has locality issued building permit? ☐ Yes ☒ No

J. Scattered Site Development

If sites are not contiguous, do all of the sites collectively qualify as a scattered site Development pursuant to IRC Section 42(g)(7)?

☐ Yes ☐ No

(NO market rate units will be permitted)

K. Acquisition Credit Information

1. ☐ All buildings satisfy the 10-year general look-back rule of IRC Section 42(d)(2)(B) and the 10% basis/\$3000 rehab costs per unit requirement.
2. ☐ If you are requesting an acquisition credit based on an exception to this general rule [e.g. Section 42(d)(2)(D)(ii) or Section 42(d)(6)], then, other than the exception relating solely to the prior use of the property as a single family residence by the Owner, an attorney's opinion letter in a form satisfactory to the Authority must accompany this Application specifically setting forth why the buildings qualify for an exception to the 10-year rule.
3. ☐ Attorney's Opinion Letter enclosed.

L. Rehabilitation Credit Information (check whichever is applicable)

1. ☐ All buildings in the development satisfy the 10% basis requirement of IRC Section 42(e)(3)(A)(i).
2. ☐ All buildings in the development satisfy the minimum \$3000 rehab cost per unit requirement of IRC Section 42(e)(3)(A)(ii).
3. ☐ All buildings in the development qualify for the IRC Section 42(e)(3)(B) exception to the 10% basis requirement (4% credit only).

Utilities are available to the site via easements. Owner will extend utilities as part of the
footnotes: construction of this project, when construction commences.

4. ☐ All buildings in the development qualify for the IRC Section 42(f)(5)(B)(ii)(II) exception to the \$3000 per unit requirement (\$2000 per unit required instead; 4% credit only).
5. ☐ Different circumstances for different buildings: see above, attach a separate sheet and explain for each building.

M. Relocation Information. Provide information concerning any relocation of existing tenants.

1. Does this Development involve any relocation of existing tenants? ☐ Yes ☒ No

Will existing tenants be relocated within the development during rehabilitation? ☐ Yes ☐ No

If yes to either question above, please describe the proposed relocation plan and/or assistance.
Please provide in Tab Z.

footnotes: _____

N. Development Information

1. Rental Housing Tax Credit and/or Multifamily Tax-Exempt Bond Unit Breakdowns

Indicate if the development will be subject to additional income restrictions and/or rent restrictions:

☐ Income Restrictions (Final Application only - for Developments funded prior to 2002)

☒ Rent Restrictions

Number of units in each income category								
	# Units			6	2		8	33%
<input checked="" type="checkbox"/>	# Bdrms.	0	0	12	6	0	18	32%
	Sq. Footage			900	1,100			
	Total. Sq. Footage			5,400	2,200		7,600	
	# Units						0	0%
	# Bdrms.	0	0	0	0	0	0	0%
	Sq. Footage							
	Total. Sq. Footage			0			0	
	# Units			9	4		13	54%
	# Bdrms.	0	0	18	12	0	30	54%
	Sq. Footage			900	1,100			
	Total. Sq. Footage			8,100	4,400		12,500	
	# Units			1	2		3	13%
	# Bdrms.	0	0	2	6	0	8	14%
	Sq. Footage			900	1,100			
	Total. Sq. Footage			900	2,200		3,100	
	# Units						0	0%
	# Bdrms.	0	0	0	0	0	0	0%
	Sq. Footage							
	Total. Sq. Footage						0	
	# Units	0	0	16	8	0	24	100%
	# Bdrms.	0	0	32	24	0	56	100%
	Sq. Footage	0	0	14,400	8,800	0	23,200	100%

* No market rate units are permitted in scattered site developments per IRS Code Section 42(g)(7)

footnotes:

2. Structure and Units

a. List unit type(s) and number of bedroom(s) by bedroom size.

Unit Type	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
Substantial Rehabilitation				
Single Family (Infill) Scattered Site				
Historic Rehabilitation				
New Construction		16	8	

b. The Development's structural features are (check all that apply):

<input type="checkbox"/> Row House/Townhouse	<input type="checkbox"/> Garden Apartments	<input type="checkbox"/> Detached Single-Family
<input type="checkbox"/> Detached Two-Family	<input checked="" type="checkbox"/> Slab on Grade	<input type="checkbox"/> Basement
<input type="checkbox"/> Crawl Space	Age of Structure <u>New</u>	
<input type="checkbox"/> Elevator	Number of stories <u>2</u>	

c. The type(s) of unit is (are):

<input checked="" type="checkbox"/> Standard Residential Rental	No. of Units <u>24</u>
<input type="checkbox"/> Transient Housing for Homeless	No. of Units <u> </u>
<input type="checkbox"/> Single Room Occupancy Housing (SRO)	No. of Units <u> </u>
<input type="checkbox"/> Other <u> </u>	No. of Units <u> </u>

d. Gross Residential Floor Area (resident living space only) 23,200 Sq Ft.

e. Gross Common Area (hallways, community space, ect.) 2,000 Sq Ft.

f. Gross Floor Area (all buildings) [d + e] 25,200 Sq Ft.

g. Gross Commercial Floor Area (if applicable) 0 Sq Ft.

h. Intended Use of Commercial Area (if applicable) Not Applicable
(Use additional sheets if necessary).

All commercial uses must be included in the Declaration of Extended Rental Housing Commitment. Additional information must be provided in Tab F of the application package detailing the square footage layout of the building and/or property, identifying all residential and commercial area; a time-line for complete construction showing that all commercial areas will be completed prior to the residential areas being occupied.

i. What percentage of the Development's rehabilitation or new construction, as the case may be, has been completed, based on the actual costs and expenses incurred to date as compared to the total estimated development costs?

1.70% % complete Costs incurred \$ 45,000

j. Total number of residential buildings in the Development: 3 building(s)

k. Will the development utilize a manager's unit (security, maintenance unit)?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, how will the unit be considered in the building's applicable fraction?	
<input type="checkbox"/> Tax Credit Unit	
<input type="checkbox"/> Common Area	

If yes, Number of units requested

NOTE: If the manager's unit will be utilized as common area, then the unit must remain in the same building. Developments with market rate units will not be allowed to designate tax credit units as manager's, security, and/or maintenance units unless the tenant qualifies under Section 42 guidelines.

footnotes: _____

3. Amenities for Low-Income Units/Development Design

b. Please list community building and common space amenities.

Kitchenette with sink and refrigerator, leasing office, laundry room, community space.

c. Please list site amenities (including recreational amenities).

Playground, Bicycle Racks, Car Wash Facility

Are the amenities including recreational amenities for both low income and market rate units the same?

☒ Yes ☐ No

If no, attach a separate sheet and explain differences in Tab P.

4. Energy Efficiency

Are all the units within the Development equipped with Energy Star related materials and appliances?

☒ Yes ☐ No

If yes, please provide documentation in Tab F of the application package.

5. Is the Development currently a vacant structure being converted into affordable housing?

☐ Yes ☒ No

If yes, please provide documentation in Tab O of the application package.

footnotes:

Qualified basis must be determined on a building-by-building basis. Complete this section below. Building street addresses are required by the IRS (must provide by time of final allocation request).

* Applicable Fraction used in the Credit Calculation will be based on the % of the development which is low income. The lessor of the total % based on total number of units or total square footage.

2005 Indiana Housing Finance Authority Rental Housing Finance Application

5. Unit Information (Final Allocation request only)

Please provide the following unit information for each building.
Address of Building: _____

Address and Unit Number Apt. #, Bldg. #, and Zip Code	Current Estimated Monthly Rent (Based on Current Market Income and Expenses)	Monthly Rent Amount	Monthly Rent Effect Amount	Monthly Rent Effect
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

footnotes: _____

Please provide the following unit information for each building.
Address of Building: _____

Address and Unit Number (Including Zip and 4-Digit Building Number)	Current Monthly Rent (Including Utilities)	Monthly Rent Amount	Annual Rent Amount	Estimated Balance
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

6. Election of the Minimum Set Aside Requirement (this election is also made by the owner on IRS Form 8609): The Owner irrevocably elects **one** of the Minimum Set Aside Requirements

- ☐ At least 20% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 50% or less of the area median gross income (if this election is chosen, all tax credit units must be rented to tenants at 50% area median income or below)
- ☒ At least 40% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 60% or less of the area median gross income.
- ☐ Deep Rent Skewing option as defined in Section 42.

footnotes: _____

O. Development Schedule

Activity	Anticipated Dates	Actual Dates
1. Site		
Option/Contract		10/25/04
Site Acquisition	10/30/05	
Zoning		1/7/05
Site Plan Approval	10/15/05	
2. Financing		
a. Construction Loan		
Loan Application		1/15/05
Conditional Commitment		2/13/05
Firm Commitment	8/30/05	
Loan Closing	10/30/05	
b. Permanent Loan		
Loan Application		1/15/05
Conditional Commitment		2/13/05
Firm Commitment	8/30/05	
Loan Closing	10/30/05	
c. Other Loans and Grants		
Type & Source, List <u>HOME</u>		
Application Date		2/25/05
Conditional Commitment		5/26/05
Firm Commitment		5/26/05
d. Other Loans and Grants		
Type & Source, List <u>FHLB-AHP</u>		
Application Date		4/15/05
Conditional Commitment	6/17/05	
Firm Commitment	6/17/05	
e. Other Loans and Grants		
Type & Source, List <u>Foundation</u>		
Application Date		1/04
Conditional Commitment		3/04
Firm Commitment		3/04
3. Formation of Owner	7/1/05	
4. IRS Approval of Not-for-Profit Status		1961
5. Transfer of Property to Owner	10/30/05	
6. Plans and Specifications, Working Drawings	9/1/05	
7. Building Permit Issued by Local Government	10/30/05	
8. Construction Starts	11/1/05	
9. Completion of Construction	5/1/06	
10. Lease-Up	12/31/06	
11. Credit Placed in Service Date(s) (month and year must be provided)	5/06	

footnotes:

P. Extended Rental Housing Commitment (Please check all that apply)

Tax Credit

1. ☒ This development will be subject to the 15 year Extended Use Agreement in addition to the mandatory 15 year Compliance Period (30 years).
2. ☐ This development will be subject to an additional _____ (must be greater than 15 years) year Extended Use Agreement in addition to the mandatory 15-year Compliance Period.
3. ☐ This development will be subject to the standard 15 year Compliance Period as part of a Lease Purchase Program (all units must be single family detached structures) and will offer homeownership opportunities to qualified tenants after compliance period. See IRS Revenue Ruling 95-48 and IHFA Declaration of Extended Rental Housing Commitment.

Q. Special Housing Needs

1. Will this development be classified as Elderly Housing*? ☐ Yes ☒ No
2. Identify the number of units set aside for special housing needs below*:

Special Housing Units	
Homeless*	
Persons with disabilities*	3

* This requirement will be contained within the Declaration of Rental Housing Commitment recorded on the property.

R. Community or Government Support

1. List the political jurisdiction in which the development is to be located and the name and address of the chief executive officer thereof:

Political Jurisdiction (name of City or County) Harrison County
Chief Executive Officer (name and title) John Eckart, President, Harrison County Commissioners
Street Address 300 N. Capital Ave.
City Corydon State IN Zip 47112

2. ☐ A commitment for local government funding for this Development in the amount of _____ is located in Tab C of the application package.
3. ☐ Letters from the local governing jurisdiction which states that the development supports neighborhood preservation and other organized community improvement and revitalization programs, and which describes the specific target area and the plans for its preservation and improvements is provided in Tab U of the application package.

S. MBE/WBE Participation

1. ☒ Minorities or woman materially participate in the Ownership, development or management of the Development by holding more than 51% interest in the Development Ownership, development entity, contractor or management firm.
2. The appropriate box(es) is checked below, and
☒ A Certification from the State of Indiana and applicable contractor agreements with Fee Structure is provided in Tab T of the application package, and

footnotes: S#1: One MBE/WBE subcontractor will participate in the construction of the project.

☒ Evidence of the minority's Ownership interest, commitment from minority and/or Owner's agreement (if Owner is not a minority) to retain a minority as developer or manager is provided in Tab T of the application package.

☐ Owner
☐ Developer

☐ Management Entity (2 yr. min contract)
☒ Contractor

T. Income and Expenses

1. Rental Assistance

a. Do or will any low-income units receive rental assistance? ☐ Yes ☒ No

If yes, indicate type of rental assistance and attach copy of rental assistance contract, if applicable:

☐ Section 8 HAP ☐ FmHA 515 Rental Assistance
☐ Section 8 Vouchers ☐ Other _____
☐ Section 8 Certificates

b. Number of units (by number of bedrooms) receiving assistance:

____ (1) Bedroom ____ (2) Bedrooms
____ (3) Bedrooms ____ (4) Bedrooms

c. Number of years rental assistance contract _____ Expiration date of contract. _____

d. Does locality have a public housing waiting list? ☒ Yes ☐ No

If yes, you must provide the following information:

Organization which holds the public housing waiting list Community Action Agency of Southern Indiana

Contact person (Name and title) Fred Mitchell, CEO

Phone (812) 288-6451 fax (812) 284-8314

e. What %, if any, of the units in the Development will be set aside for tenants with HUD Section 8 certificates or vouchers or who are on public housing waiting lists? 0%

If a percentage of the units will be set aside for tenants with HUD Section 8 certificates or vouchers, please provide evidence that the developer and/or Development manager are familiar and knowledgeable with Section 8 rules and regulation; and the number and description of units to be set aside for tenants. (Please provide documentation in Tab R of the application package)

f. Has the Owner executed a written agreement with the local or regional public housing representative to give priority to households on waiting lists for subsidized or public housing? ☒ Yes ☐ No

If yes, please provide documentation in Tab R of the application package.

footnotes: The Contractor box checked at the top of this page is to be for Sub-Contractors, but no box provided.

2. Utilities and Rents

a. Monthly Utility Allowance Calculations

Utilities	Type of Utility (Electric, Gas, Oil, etc.)	Owner	Tenant	Enter Allowance Paid by Tenant Only				
				1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
Heating	Electric	<input type="checkbox"/>	<input checked="" type="checkbox"/>			33	40	
Air Conditioning	Electric	<input type="checkbox"/>	<input checked="" type="checkbox"/>			15	19	
Cooking	Electric	<input type="checkbox"/>	<input checked="" type="checkbox"/>			7	9	
Lighting	Electric	<input type="checkbox"/>	<input checked="" type="checkbox"/>			24	28	
Hot Water	Electric	<input type="checkbox"/>	<input checked="" type="checkbox"/>			22	25	
Water	Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Sewer	Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Trash	Private	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Total Utility Allowance for Costs Paid by Tenant						\$ 101.00	\$ 121.00	

b. Source of Utility Allowance Calculation

☒ HUD ☐ FmHA 515
☐ PHA ☐ Utility Company (Provide letter from utility company)

NOTE: IRS regulations provide further guidance on how utility allowances must be determined.

c. List below the applicable rental housing tax credit monthly rent limits (based on the number of bedrooms) less the applicable utility allowance calculated in subpart 2.a. above:

	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
Maximum Allowable Rent for Tenants at 30% AMI			\$ 393	\$ 454	
Minus Utility Allowance Paid by Tenant			\$ 101	\$ 121	
Equals Maximum Allowable rent for your Development	\$ -	\$ -	\$ 292	\$ 333	\$ -
Maximum Allowable Rent for Tenants at 40% AMI			\$ 524	\$ 606	
Minus Utility Allowance Paid by Tenant			\$ 101	\$ 121	
Equals Maximum Allowable rent for your Development	\$ -	\$ -	\$ 423	\$ 485	\$ -
Maximum Allowable Rent for Tenants at 50% AMI			\$ 655	\$ 757	
Minus Utility Allowance Paid by Tenant			\$ 101	\$ 121	
Equals Maximum Allowable rent for your Development	\$ -	\$ -	\$ 554	\$ 636	\$ -
Maximum Allowable Rent for Tenants at 60% AMI			\$ 786	\$ 908	
Minus Utility Allowance Paid by Tenant			\$ 101	\$ 121	
Equals Maximum Allowable rent for your Development	\$ -	\$ -	\$ 685	\$ 787	\$ -

footnotes:

- d. List below the maximum rent limits minus tenant-paid utilities for all HOME-Assisted, Trust Fund-Assisted, and/or HOME-Eligible, Non-assisted units in the development. (i.e., Trust Fund rent limits are the same as HOME rent limits.)

	HOME SPRINT HHSIO (only)	HOME SPRINT (HHSIO and cash)	TRF	2B	3B	4B
Maximum Allowable Rent for beneficiaries at 30% or less of area median income MINUS Utility Allowance Paid by Tenants				\$ 393	\$ 454	
Maximum Allowable Rent for Your Development	\$ -	\$ -	\$ -	\$ 292	\$ 333	\$ -
Maximum Allowable Rent for beneficiaries at 40% or less of area median income MINUS Utility Allowance Paid by Tenants				\$ 524	\$ 606	
Maximum Allowable Rent for Your Development	\$ -	\$ -	\$ -	\$ 423	\$ 485	\$ -
Maximum Allowable Rent for beneficiaries at 50% or less of area median income MINUS Utility Allowance Paid by Tenants				\$ 583	\$ 756	
Maximum Allowable Rent for Your Development	\$ -	\$ -	\$ -	\$ 482	\$ 635	\$ -
Maximum Allowable Rent for beneficiaries at 60% or less of area median income MINUS Utility Allowance Paid by Tenants				\$ 583	\$ 804	
Maximum Allowable Rent for Your Development	\$ -	\$ -	\$ -	\$ 482	\$ 683	\$ -

e. Estimated Rents and Rental Income

1. Total Number of Low-Income Units 8 (30% Rent Maximum)

Trust Fund	HOME	HHSIO	Unit Type	Number of Units	Number of Units	Net Sq. Ft. of Unit	Monthly Rent	Monthly Income
Yes/No	Yes/No	Yes/No	# of bedrooms					
No	Yes	Yes	2 Bedrooms	1	6	900	292	\$ 1,752
No	Yes	Yes	3 Bedrooms	2	2	1,100	333	\$ 666
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
Other Income Source <u>Laundry</u>								\$ 48
Other Income Source _____								
Other Income Source _____								
Total Monthly Income								\$ 2,466
Annual Income								\$ 29,592

footnotes:

2. Total number of Low-Income Units 0 (40% Rent Maximum)

First Name	HOME	DATE	Unit Type	Number of Bedrooms	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Monthly Rent per Unit
Yes/No	Yes/No	Yes/No	# of bedrooms					
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
Other Income Source								
Other Income Source								
Other Income Source								
Total Monthly Income								\$ -
Annual Income								\$ -

3. Total number of Low-Income Units 13 (50% Rent Maximum)

First Name	HOME	DATE	Unit Type	Number of Bedrooms	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Monthly Rent per Unit
Yes/No	Yes/No	Yes/No	# of bedrooms					
No	Yes	Yes	2 Bedrooms	1	1	900	425	\$ 425
No	Yes	Yes	3 Bedrooms	2	2	1,100	525	\$ 1,050
No	No	Yes	2 Bedrooms	1	8	900	425	\$ 3,400
No	No	Yes	3 Bedrooms	2	2	1,100	525	\$ 1,050
			Bedrooms					\$ -
			Bedrooms					\$ -
Other Income Source								Laundry \$ 78
Other Income Source								
Other Income Source								
Total Monthly Income								\$ 6,003
Annual Income								\$ 72,036

footnotes:

4. Total number of Low-Income Units 3 (60% Rent Maximum)

Trust Fund	HOME	ELITE	Unit Type	Number of Baths	Number of Units	No. Sq. Feet of Unit	Monthly Rent per Unit	Total Monthly Rent per Unit	
Yes/No	Yes/No	Yes/No	# of bedrooms						
No	No	Yes	2 Bedrooms	1	1	900	425	\$ 425	
No	No	Yes	3 Bedrooms	2	2	1,100	525	\$ 1,050	
			Bedrooms					\$ -	
			Bedrooms					\$ -	
			Bedrooms					\$ -	
			Bedrooms					\$ -	
Other Income Source								Laundry	\$ 18
Other Income Source									
Other Income Source									
Total Monthly Income								\$ 1,493	
Annual Income								\$ 17,916	

5. Total Number of Market Rate Units 0

Trust Fund	HOME	ELITE	Unit Type	Number of Baths	Number of Units	No. Sq. Feet of Unit	Monthly Rent per Unit	Total Monthly Rent per Unit
Yes/No	Yes/No	Yes/No	# of bedrooms					
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
Other Income Source								
Other Income Source								
Other Income Source								
Total Monthly Income								\$ -
Annual Income								\$ -

footnotes:

6. Summary of Estimated Rents and Rental Income

Annual Income (30% Rent Maximum)	\$	29,592
Annual Income (40% Rent Maximum)	\$	-
Annual Income (50% Rent Maximum)	\$	72,036
Annual Income (60% Rent Maximum)	\$	17,916
Annual Income (Market Rate Units)	\$	-
Potential Gross Income	\$	119,544
Less Vacancy Allowance	7%	<u>8,368</u>
Effective Gross Income	\$	111,176

What is the estimated average annual % increase in income over the Compliance Period? 3%

U. Annual Expense Information

(Check one) ☒ Housing OR ☐ Commercial

<u>Administrative</u>		<u>Operating</u>	
1. Advertising	\$ 300	1. Elevator	
2. Management	\$ 7,775	2. Fuel (heating & hot water)	
3. Legal/Partnership		3. Electricity	\$ 2,500
4. Accounting/Audit	\$ 5,000	4. Water/Sewer	\$ 4,241
5. Compliance Mont.	\$ 930	5. Gas	
Total Administrative	\$ 14,005	6. Trash Removal	\$ 1,440
<u>Maintenance</u>		7. Payroll/Payroll Taxes	\$ 14,590
1. Decorating	\$ 8,000	8. Insurance	\$ 8,000
2. Repairs	\$ 7,500	9. Real Estate Taxes*	\$ 9,500
3. Exterminating	\$ 580	10. Other Tax	
4. Ground Expense	\$ 3,500	11. Annual Replacement Reserve	\$ 7,200
5. Other		12. Other	\$ 1,720
Total Maintenance	\$ 19,580	Total Operating	\$ 49,191
Total Annual Administrative Expenses:	\$ 14,005	Per Unit	\$ 584
Total Annual Maintenance Expenses:	\$ 19,580	Per Unit	\$ 816
Total Annual Operating Expenses:	\$ 49,191	Per Unit	\$ 2,050
TOTAL OPERATING EXPENSES (Administrative + Operating + Maintenance):	\$ 82,776	Per Unit	\$ 3,449
What is the estimated average annual percentage increase in expenses for the next 15 years?		<u>4%</u>	
What is the annual percentage increase for replacement reserves for the next 15 years?		<u>3%</u>	

* List full tax liability for the property - do not reflect tax abatement.

footnotes:

V. Projections for Financial Feasibility

Check one: ☒ Housing
☐ Commercial

Item	Year 1	Year 2	Year 3	Year 4	Year 5
1. Potential Gross Income	\$ 119,544	\$ 123,130	\$ 126,824	\$ 130,629	\$ 134,548
2. Less Vacancy Loss	\$ (8,368)	\$ (8,619)	\$ (8,878)	\$ (9,144)	\$ (9,418)
3. Effective Gross Income (1-2)	\$ 111,176	\$ 114,511	\$ 117,947	\$ 121,485	\$ 125,129
4. Less Operating Expenses	\$ (75,576)	\$ (78,599)	\$ (81,743)	\$ (85,013)	\$ (88,413)
5. Less Replacement Reserves	\$ (7,200)	\$ (7,416)	\$ (7,638)	\$ (7,868)	\$ (8,104)
6. Plus Tax Abatement (increase by expense rate if applicable)					
7. Net Income (3-4-5+6)	\$ 28,400	\$ 28,496	\$ 28,565	\$ 28,605	\$ 28,613
8.a. Less Debt Service #1	\$ 23,074	\$ 23,074	\$ 23,074	\$ 23,074	\$ 23,074
8.b. Less Debt Service #2	\$ -	\$ -	\$ -	\$ -	\$ -
9. Cash Flow (7-8)	\$ 5,326	\$ 5,422	\$ 5,491	\$ 5,531	\$ 5,539
10. Debt Coverage Ratio (7/(8a+8b))	1.23	1.23	1.24	1.24	1.24
11. Deferred Developer Fee Payment	\$ -				
12. Cash Flow after Def. Dev. Fee Pmt.	\$ 5,326	\$ 5,422	\$ 5,491	\$ 5,531	\$ 5,539
13. Debt Coverage Ratio	1.23	1.23	1.24	1.24	1.24
Item	Year 6	Year 7	Year 8	Year 9	Year 10
1. Potential Gross Income	\$ 138,584	\$ 142,742	\$ 147,024	\$ 151,435	\$ 155,978
2. Less Vacancy Loss	\$ (9,701)	\$ (9,992)	\$ (10,292)	\$ (10,600)	\$ (10,918)
3. Effective Gross Income (1-2)	\$ 128,883	\$ 132,750	\$ 136,732	\$ 140,834	\$ 145,059
4. Less Operating Expenses	\$ (91,950)	\$ (95,628)	\$ (99,453)	\$ (103,431)	\$ (107,568)
5. Less Replacement Reserves	\$ (8,347)	\$ (8,597)	\$ (8,855)	\$ (9,121)	\$ (9,394)
6. Plus Tax Abatement (increase by expense rate if applicable)					
7. Net Income (3-4-5+6)	\$ 28,587	\$ 28,525	\$ 28,424	\$ 28,283	\$ 28,097
8.a. Less Debt Service #1	\$ 23,074	\$ 23,074	\$ 23,074	\$ 23,074	\$ 23,074
8.b. Less Debt Service #2	\$ -	\$ -	\$ -	\$ -	\$ -
9. Cash Flow (7-8)	\$ 5,513	\$ 5,451	\$ 5,350	\$ 5,209	\$ 5,023
10. Debt Coverage Ratio (7/(8a+8b))	1.24	1.24	1.23	1.23	1.22
11. Deferred Developer Fee Payment					
12. Cash Flow after Def. Dev. Fee Pmt.	\$ 5,513	\$ 5,451	\$ 5,350	\$ 5,209	\$ 5,023
13. Debt Coverage Ratio	1.24	1.24	1.23	1.23	1.22
Item	Year 11	Year 12	Year 13	Year 14	Year 15
1. Potential Gross Income	\$ 160,657	\$ 165,477	\$ 170,441	\$ 175,554	\$ 180,821
2. Less Vacancy Loss	\$ (11,246)	\$ (11,583)	\$ (11,931)	\$ (12,289)	\$ (12,657)
3. Effective Gross Income (1-2)	\$ 149,411	\$ 153,893	\$ 158,510	\$ 163,266	\$ 168,164
4. Less Operating Expenses	\$ (111,871)	\$ (116,346)	\$ (121,000)	\$ (125,840)	\$ (130,873)
5. Less Replacement Reserves	\$ (9,676)	\$ (9,966)	\$ (10,265)	\$ (10,573)	\$ (10,891)
6. Plus Tax Abatement (increase by expense rate if applicable)					
7. Net Income (3-4-5+6)	\$ 27,864	\$ 27,581	\$ 27,245	\$ 26,853	\$ 26,400
8.a. Less Debt Service #1	\$ 23,074	\$ 23,074	\$ 23,074	\$ 23,074	\$ 23,074
8.b. Less Debt Service #2	\$ -	\$ -	\$ -	\$ -	\$ -
9. Cash Flow (7-8)	\$ 4,790	\$ 4,507	\$ 4,171	\$ 3,779	\$ 3,326
10. Debt Coverage Ratio (7/(8a+8b))	1.21	1.20	1.18	1.16	1.14
11. Deferred Developer Fee Payment					
12. Cash Flow after Def. Dev. Fee Pmt.	\$ 4,790	\$ 4,507	\$ 4,171	\$ 3,779	\$ 3,326
13. Debt Coverage Ratio	1.21	1.20	1.18	1.16	1.14

The above Projections utilize the estimated annual percentage increases in income.

Footnotes:

Commercial and Office Space: IHFA Rental Housing financing resources cannot be used to finance commercial space within a development. Income generated and expenses incurred from this space, though, must be factored into IHFA's underwriting for the development as a whole when reviewing the application. If the development involves the development of commercial space the applicant will need to provide separate annual operating expense information and a separate 15-year proforma for the commercial space. Be sure to label which forms are for the housing and which ones are for the commercial space. Also separate out all development costs associated with the commercial space on line M of the Development Costs chart.

W. Sources of Funds/Developments (Include any IHFA HOME and/or Trust Fund requests)

1. Construction Financing. List individually the sources of construction financing including any such loans financed through grant sources. Please provide documentation in Tab G.

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Name and Telephone Numbers of Contact Person
1 First Harrison Bank	1/15/2005	2/13/2005	\$ 950,000	Dennis Thomas 812-738-2198
2 IHFA - HOME	2/25/2005	5/26/2005	\$ 480,000	Erika Scott 232-7777
3 FHLB - AHP	4/15/2005	6/15/2005	\$ 303,701	Pat Gamble-Moore (317) 465-0368
4 Harrison County	1/15/2004	3/15/2004	\$ 40,000	Steven Gilliland (812) 738-6668
Total Amount of Funds			\$ 1,773,701	

2. Permanent Financing. List individually the sources of permanent financing including any such loans financed through grant sources. Please provide documentation in Tab G.

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Interest Rate	Term	Number of Units	Number of Units
1 First Harrison Bank	1/25/2005	2/10/2005	\$ 275,000	\$23,074	7.500%	30	15
2 IHFA - HOME	2/25/2005	5/26/2005	\$ 480,000	\$0	2.00%	20	20
3 FLHB - AHP	4/15/2005	6/15/2005	\$ 303,701	\$0	2%	30	30
4 Harrison County	1/15/2004	3/15/2004	\$ 40,000	\$0	2.00%	30	30
Total Amount of Funds			\$ 1,098,701				
Deferred Developer Fee							

3. Grants. List all grants provided for the development. Provide documentation in Tab G.

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Name and Telephone Numbers of Contact Person
1				
2				
3				
4				
Total Amount of Funds			\$ -	

footnotes:

Total Sources of Permanent Funds Committed \$ 1,098,701

Total Annual Debt Service Cost \$ 23,074

4. Historic Tax Credits

Have you applied for a Historic Tax Credit?

☐ Yes

☒ No

If Yes, Please list amount _____

If Yes, indicate date Part I of application was duly filed: _____ (Must be included with application. Please provide in Tab U.)

5. Other Sources of Funds (excluding any syndication proceeds)

a. Source of Funds _____ Amount _____

b. Timing of Funds _____

c. Actual or Anticipated Name of Other Source _____

d. Contact Person _____ Phone _____

6. Sources and Uses Reconciliation

Limited Partner Equity Investment*	\$ 1,569,230
General Partner Investment	\$ 100
Total Equity Investment	\$ 1,569,330
Total Permanent Financing	\$ 1,098,701
Deferred Developer Fee	
Other	
Other	
Total Source of Funds	\$ 2,668,031
Total Uses of Funds	\$ 2,668,031

NOTE: Sources and Uses MUST EQUAL

*Load Fees included in Equity Investment

Load Fees Unknown

☒ Yes

☐ No

footnotes: _____

7. Intermediary Information

a. Actual or Anticipated Name of Intermediary

(e.g., Syndicator, act.) Great Lakes Capital Fund for Housing

Contact Person Jack Brummett

Phone 317-423-8880

Street Address 320 N. Meridian St., Suite 1011

City Indianapolis State IN Zip 46204

b. Investors: Individuals and/or Corporate, or undetermined at this time

c. As a percentage of the total credits to be received throughout the compliance period (assuming no recapture, should be the annual amount of credit times 10), how much are investors (excluding Owner's own equity) willing to invest toward development costs, excluding all syndication fees or charges? 80.0%

☐ check if estimated ☒ check if based on commitment(s); if so please attach copies

d. Has the intermediary (identified above) provided you with any documentation regarding the amount of syndication or other intermediary costs, fees, "loads" or other charges it will impose in with its services?

☐ Yes ☒ No If yes, please attach copies

e. How much, if any, is the Owner willing or committed to invest toward Development Costs?

\$ 1,569,330 **Evidence of investment must be provided to IHFA.**

8. Tax-Exempt Bond Financing/Credit Enhancement

a. If Multi-family Tax Exempt Bonds are requested, list percent such bonds represent of the aggregate basis of the building and land of the development: _____

If this percentage is 50% or more , a formal allocation of credits from IHFA is not necessary (although the development must satisfy and comply with all requirements for an allocation under this Allocation Plan and Section 42 of the Code. The Issuer of the bonds must determine the maximum amount of credits available to the development which, just as for developments which do need allocation, is limited to the amount of credits necessary to make the development financially feasible). AT THE TIME OF SUBMITTING THIS APPLICATION, YOU MUST PROVIDE IHFA WITH AN OPINION OF COUNSEL, SATISFACTORY TO IHFA, THAT YOU ARE NOT REQUIRED TO OBTAIN AN ALLOCATION OF TAX CREDITS FROM IHFA AND THAT THE DEVELOPMENT MEETS THE REQUIREMENTS OF THE ALLOCATION PLAN AND CODE.

footnotes: #7.c is actually 79.99%, not 80%.

b. Name of Issuer _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number _____ Fax Number _____

c. Name of Borrower _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number _____ Fax Number _____

If the Borrower is not the Owner, explain the relationship between the Borrower and Owner.

If Development will be utilizing Multi-family Tax Exempt Bonds, you must provide a list of the entire development team in addition to above.

d. Does any of your financing have any credit enhancement? ☐ Yes ☐ No
If yes, list which financing and describe the credit enhancement:

e. Is HUD approval for transfer of physical asset required? ☐ Yes ☐ No
If yes, provide copy of TPA request to HUD.

f. Is the Development a federally assisted low-income housing Development with at least 50% of its units in danger of being removed by a federal agency from the low-income housing market due to eligible prepayment, conversion, or financial difficulty? ☐ Yes ☐ No
If yes, please provide documentation in Tab U of the application package.

footnotes: _____

X. Cost/Basis/Maximum Allowable Credit

1. Development Costs - List and Include Eligible Basis by Credit Type

Development Costs - List and Include Eligible Basis by Credit Type			
	Eligible Basis	Eligible Basis	Eligible Basis
a. To Purchase Land and Bldgs.			
1. Land	102,000		
2. Demolition			
3. Existing Structures			
4. Other (specify)			
b. For Site Work			
1. Site Work (not included in Construction Contract)			
Other(s) (Specify)			
c. For Rehab and New Construction (Construction Contract Costs)			
1. Site Work			
2. New Building	1,545,000		1,545,000
3. Rehabilitation			0
4. Accessory Building			
5. General Requirements*	92,700		92,700
6. Contractor Overhead*	30,600		30,600
7. Contractor Profit*	92,700		92,700
d. For Architectural and Engineering Fees			
1. Architect Fee - Design	26,000		26,000
2. Architect Fee - Supervision	52,400		52,400
3. Consultant or Processing Agent			
4. Engineering Fees	25,000		25,000
5. Other Fees (specify)			0
e. Other Owner Costs			
1. Building Permits	6,000		6,000
2. Tap Fees			0
3. Soil Borings			
4. Real Estate Attorney			
5. Construction Loan Legal	6,000		6,000
6. Title and Recording	3,000		3,000
7. Other (specify)			
Accounting	11,000		11,000
SPREADSHEET WILL CALCULATE	1,992,400	0	1,992,400

* Designates the amounts for those items that are limited, pursuant to the Allocation Plan

footnotes:

ITEMIZED COSTS	Eligible Costs by Credit Type		
	Project Costs	80% PV (4% Credit)	70% PV (9% Credit)
Subtotal from Previous Page	992,400	0	1,890,400
f. For Interim Costs			
1. Construction Insurance	12,000		12,000
2. Construction Interest & Other Capitalized Operating Expenses	15,000		15,000
3. Construction Loan Orig. Fee	9,500		9,500
4. Construction Loan Credit Enhancement	80,000		80,000
5. Taxes/Fixed Price Contract Guarantee	750		750
g. For Permanent Financing Fees & Expenses			
1. Bond Premium			
2. Credit Report			
3. Permanent Loan Orig. Fee	2,750		
4. Permanent Loan Credit Enhancement			
5. Cost of Iss/Underwriters Discount			
6. Title and Recording			
7. Counsel's Fee	30,000		
8. Other (Specify)			
h. For Soft Costs			
1. Property Appraisal	5,000		5,000
2. Market Study	9,000		9,000
3. Environmental Report	2,600		2,600
4. IHFA Fees	12,769		
5. Consultant Fees	75,000		75,000
6. Other (specify)			
i. For Syndication Costs			
1. Organizational (e.g. Partnership)	90		
2. Bridge Loan Fees and Exp			
3. Tax Opinion			
4. Other (specify)			
j. Developer's Fee*			
100 % Not-for Profit			
% For-Profit	352,672		352,672
k. For Development Reserves			
1. Rent-up Reserve	28,500		
2. Operating Reserve	40,000		
Total Project Costs (spreadsheet will calculate)	2,688,030		2,451,922

* Designates the amounts for those items that are limited, pursuant to the Allocation Plan.

footnotes:

Eligible Basis		Eligible Basis by Credit Type	
Eligible Basis		30% Credit	70% Credit
m. Total Commercial Costs*			
n. Total Dev. Costs less Comm. Costs (l-m)	2,668,031		
o. Reductions in Eligible Basis Subtract the following:			
1. Amount of Grant(s) used to finance Qualifying development costs			
2. Amount of nonqualified recourse financing			
3. Costs of nonqualifying units of higher quality (or excess portion thereof)			
4. Historic Tax Credits (residential portion)			
5. Subtotal (o.1 through 4 above)		0	0
p. Eligible Basis (l minus o.5)		0	2,451,922
q. High Cost Area Adjust to Eligible Basis (ONLY APPLICABLE IF development is in a Census Tract or difficult development area) Adjustment Amount X 30%			
r. Adjusted Eligible Basis (p plus q)		0	2,451,922
s. Applicable Fraction (% of development which is low income)			
U Based on Unit Mix or Sq Ft. (Type U or SF)			100.00%
t. Total Qualified Basis (r multiplied by s)		0	2,451,922
u. Applicable Percentage (weighted average of the applicable percentage for each building and credit type)			8.00%
v. Maximum Allowable Credit under IRS sec 42 (t multiplied by u)		0	196,154
w. Combined 30% and 70% PV Credit	196,154		

* Commercial costs are defined as those costs that are not eligible basis and are attributed to non-residential areas of the Development (e.g. retail area of mixed-use development).

Note: The actual amount of credit for the Development is determined by IHFA. If the Development is eligible for Historic Tax Credit, include a complete breakdown of the determination of eligible basis for the Historic Credit with the Application. If the Development's basis has been adjusted because it is in a high cost or qualified census tract, the actual deduction for the Historic Cost items must be adjusted by multiplying the amount by 130%. This does not apply to Historic Tax Credits.

footnotes:

2. Determination of Reservation Amount Needed

The following calculator of the amount of credit needed is substantially the same as the calculator that will be made by IFA to determine the amount required by the ES. The maximum amount of credit which may be reserved for the Development, however, is based on the information and assumptions provided to the IFA. The IFA is responsible for the information and assumptions provided and is not responsible for the results of the calculator. The amount of credit reserved may differ significantly from the amount that is computed by the calculator.

a. TOTAL DEVELOPMENT COSTS	\$ 2,668,031
b. LESS SYNDICATION COSTS	\$ 90
c. TOTAL DEVELOPMENT COSTS (a - b)	\$ 2,667,941
d. LESS: TOTAL SOURCES OF FUNDING EXCLUDING SYNDICATION PROCEEDS	\$ 1,098,701
e. EQUITY GAP (c - d)	\$ 1,569,240
f. EQUITY PRICING PERCENTAGE (Percentage of 10-year credit expected to be personally invested by you or raised as equity excluding syndication or similar costs to 3rd parties)	\$ 0.7999
g. 10-YEAR CREDIT AMOUNT NEEDED TO FUND THE EQUITY GAP (e/f)	\$ 1,961,795
h. ANNUAL TAX CREDIT REQUIRED TO FUND EQUITY GAP (g/10)	\$ 196,180
i. MAXIMUM ALLOWABLE CREDIT AMOUNT	\$ 196,154
j. RESERVATION AMOUNT (Lesser of h or i)	\$ 196,154
k. TOTAL EQUITY INVESTMENT (anticipated for initial app)	\$ 1,569,330
l. DEFERRED DEVELOPER FEE	\$ 0
m. FINANCIAL GAP	\$ -90
1. CREDIT PER UNIT (j/Number of Units)	\$ 8173
2. CREDIT PER BEDROOM (j/Number of Bedrooms)	\$ 3503
3. COST PER UNIT a - (Cost of Land + Commercial Costs + Historic Credits) Total Number of Units	\$ 106,918

footnotes:

The undersigned hereby acknowledges that :

1. This Application form, provided by IHFA to applicants for funding, including the sections herein relative to basis, credit calculations and determinations of the amount of the credit necessary to make the development financially feasible, is provided only for the convenience of IHFA in reviewing the reservation requests; completion hereof in no way guarantees eligibility for the credits or ensures that the amount of credits applied for has been computed in accordance with IRC requirements; and that any notations herein describing IRC requirements are offered only as general guides and not as legal authority;
2. The undersigned is responsible for ensuring that the proposed development will be comprised of qualified low-income buildings; that it will in all respects satisfy all applicable requirements of federal tax laws and any other requirements imposed upon it by the IHFA; and that the IHFA has no responsibility that all or any funding allocated to the development may not be useable or may later be recaptured;
3. For purposes of reviewing this Application, IHFA is entitled to rely upon the representation of the undersigned as to the inclusion of costs in eligible basis and as to all of the figures and calculations relating to the determinations of qualified basis for the development as a whole and for each building therein individually as well as the amounts and types of credit applicable thereto, and that the issuance of a reservation based on such representations in no way imposes any responsibility on the IHFA for their correctness or compliance with IRC requirements;
4. The IHFA offers no advise, opinion or guarantee that the Applicant or the proposed development will ultimately qualify for or receive low-income housing tax credits, Multi-family tax exempt Bonds, HOME, 501 (c)3 Bonds;
5. Allocations of funding are not transferable without prior written notice of the IHFA; and
6. The requirements for applying for funding and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state or IHFA regulations, or other binding authority.
7. Applicant is submitting this Application on behalf of Owner, whether Owner has already been formed or is a to-be-formed entity.
8. Applicant represents and warrants to IHFA that it has all necessary authority to act for, obligate and execute this Application on behalf of itself and Owner, and to engage in all acts necessary to consummate this Application. Applicant further represents and warrants to IHFA that the signatories hereto have been duly authorized and that this Application shall be valid and binding act of the Applicant, enforceable according to its terms.
9. In the event the Applicant is not the Owner, Applicant represents and warrants to IHFA that it will take, and not fail to take, any and all necessary to cause the Owner to ratify and confirm and comply with the terms and conditions of this Application.
10. Applicant represents and warrants to IHFA that it will take any and all action necessary and not fail to cause the Developer to ratify and confirm and comply with the terms and conditions of this Application

Further, the undersigned hereby certifies that:

- a) All factual information provided herein or in connection herewith is true, correct and complete, and all estimates are reasonable;
- b) It shall promptly notify the IHFA of any corrections or changes to the information submitted to the IHFA in connection with this Application upon becoming aware of same;
- c) It is responsible for all calculations and figures to the determination of the eligible basis and qualified basis for any and all buildings and other improvements, and it understands and agrees that the amount of funding to be reserved and allocated has been calculated pursuant to and in reliance upon the representations made within;

- d) It will at all times indemnify and hold harmless IHFA against claims, losses, costs, damages, expenses and liabilities of any nature (including, without limitation, attorney fees and attorney fees to enforce the indemnity rights hereunder) directly or indirectly resulting from, arising out of or relating to IHFA's acceptance, consideration, approval or disapproval of this Application and the issuance or non-issuance of an allocation of funding in connection herewith.
- e) It shall furnish the IHFA with copies of any and all cost certifications made to any other governmental agency, including, but not limited to, cost certifications made to FmHA or FHA, at the time that such certifications are furnished to such other agency.
7. Applicant hereby authorizes IHFA and its successors, affiliates, agents and assigns to utilize in any manner and at anytime, any photograph, picture, or other medium (collectively "photographs") of the property covered by this Application, without limitation, in any and all matters, publications, or endeavors, commercial or noncommercial, undertaken directly or indirectly by IHFA at any time on or after the date of this Application without any limitation whatsoever. Applicant understands that: (1) it is relinquishing any and all ownership rights in any such photograph, picture or medium to IHFA; and (ii) it is relinquishing any and all legal rights that it may now or hereafter have to, directly or indirectly, challenge, question or otherwise terminate the use of the photograph by IHFA.
8. **DISSEMINATION OF INFORMATION and AGREEMENT TO RELEASE AND INDEMNIFY.** The undersigned for and on behalf of itself, the Development, Owner and all participants in the Development, together with their respective officers, directors, shareholders, members, partners, agents, representatives, and affiliates (collectively, "Applicant") understands, acknowledges and agrees that this and any application for Rental Housing Tax Credits ("Credits") (including, but not limited to, all preliminary final Applications, related amendments and information in support thereof and excepting personal financial information) are available for dissemination and publication to the general public.

In addition, as additional consideration for IHFA's review of its request for Credits, the Applicant does hereby release IHFA and its directors, employees, attorneys, agents and representatives of and from any and all liability, expense (including reasonable attorney fees) and damage that it may, directly or indirectly, incur because of such dissemination or publication, and the Applicant hereby agrees to indemnify and hold IHFA harmless of and from any and all such liability, expense or damage.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this 17th day of Feb, 2005

APPLICANT IS NOT OWNER

Blue River Services, Inc.

Legal Name of Applicant

By: 

Printed Name: Daniel J. Lowe

Its: President

STATE OF INDIANA)
) SS:
COUNTY OF Harrison

Before me, a Notary Public, in and for said County and State, personally appeared, Daniel J. Lowe
(the President of Blue River SWS), the Applicant in the foregoing Application for Reservati
of 2005 (current year) funding, who acknowledged the execution of the foregoing instrument as his (her)
voluntary act and deed, and stated, to the best of his (her) knowledge and belief, that any and all representation
contained therein are true.

Witness my hand and Notarial Seal this 17th day of February, 2005.

My Commission Expires:

Jan. 3, 2007

My County of Residence:

Harrison

Paula Craig
Notary Public

Paula Craig
Printed Name
(title)

APPLICANT IS OWNER

Legal Name of Applicant

By: _____

Printed Name: _____

Its: _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public, in and for said County and State, personally appeared, _____
(the _____ of _____), the Applicant in the foregoing Application for Reservati
of _____ (current year) funding, who acknowledged the execution of the foregoing instrument as his (her)
voluntary act and deed, and stated, to the best of his (her) knowledge and belief, that any and all representation
contained therein are true.

Witness my hand and Notarial Seal this _____ day of _____, _____.

My Commission Expires:

Notary Public

My County of Residence:

Printed Name
(title)